

**Flintshire County Council**

**Social Services Annual Report  
2016-17**

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# Contents

## Section 1 Introduction

## Section 2 Director's Summary of Performance

## Section 3 How Are People Shaping our Services?

## Section 4 Promoting and Improving the Well-being of Those We Help

- (a) Working with people to define and co-produce personal well-being outcomes that people wish to achieve
- (b) Working with people and partners to protect and promote people's physical and mental health and emotional well-being
- (c) Taking steps to protect and safeguard people from abuse, neglect or harm
- (d) Encouraging and supporting people to learn, develop and participate in society
- (e) Supporting people to safely develop and maintain healthy domestic, family and personal relationships
- (f) Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

## Section 5 How We Do What We Do

- (a) Our Workforce and How We Support their Professional Roles
- (b) Our Financial Resources and How We Plan For the Future
- (c) Our Partnership Working, Political and Corporate Leadership, Governance and Accountability

## Section 6 Accessing Further Information and Key Documents

This document provides a summary of our annual self-evaluation of our improvement journey. If you receive a service from us please let us know if you think this report is a fair reflection of your experiences over the past 12 months. We welcome any comments you may have, your views matter to us and are crucial if we are to continue to improve services to meet your outcomes. You can write or email to me as follows:

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If you are reading this online then there are links in the last section of the report if you want to read more about any of the services, initiatives or key documentation. For words underlined there is a glossary linked to this document that may help explain unfamiliar words and terms.

## Section 1 Introduction

This is our first Social Services Annual Report prepared under the new requirements of both the Social Services and Wellbeing (Wales) Act 2014 and the Regulations and Inspections Act (Wales) 2015 which legislates our statutory requirement to produce an annual report on our social services functions.

The purpose of the Social Services Annual Report is to set out our improvement journey in providing services to people that promote their wellbeing and support them to achieve their personal outcomes; it's an opportunity for us to annually evaluate our performance against our improvement priorities. You will notice the new Annual Report format has changed this year, it is now more closely aligned to the National Outcomes Framework which will help us to demonstrate our performance in meeting the wellbeing outcomes of people in Flintshire. You will see that our priorities for 2016/17 now sit under one of the six National Quality Standards (NQS) and everyone's personal wellbeing outcomes will relate to one of these, they are:

- NQS 1 Working with people to define & co-produce personal well-being outcomes that people wish to achieve
- NQS 2 Working with people and partners to protect and promote people's physical and mental health and emotional well-being
- NQS 3 Taking steps to protect and safeguard people from abuse, neglect or harm
- NQS 4 Encouraging and supporting people to learn, develop and participate in society
- NQS 5 Supporting people to safely develop and maintain healthy domestic, family and personal relationships
- NQS 6 Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

This report is designed to offer a broad range of stakeholders, including individuals using our services, families, Councillors, the general public, our partners, our regulator and the Welsh Government, an insight into our improvement journey and how together we are shaping our services to meet the wellbeing outcomes of people living in Flintshire. We engage with our stakeholders on the development of services and the setting of our improvement priorities, which we highlight throughout this report.

## Section 2 Director's Summary of Performance

This is our sixth annual report and the first in a new format which has been prescribed by Welsh Government as a new way of reporting. As in previous years I have welcomed this opportunity to reflect on the hard work and achievements of the staff working with partners in supporting adults, children, families and carers in Flintshire.

There has never been a time when social care issues and pressures have been as high profile as they are currently. Every day there are reports in the media concerning shortages in adult social care across the UK. In Flintshire we have made successful joint working with care sector providers a real priority and will continue to do all we can in the year ahead to respond to their pressures in terms of recruitment and sustainability of their businesses.

One of the exciting developments this year has been the pilot to develop an Early Help Hub in children's services which is a partnership project involving education, health, police, social services and the third sector to provide the most effective front door offering assistance and access to specialist frontline support. This will further develop our children's services, building on the effective restructuring of services which is now fully embedded.

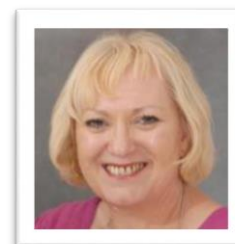
During this last year corporate senior colleagues in Flintshire and senior politicians have worked together like never before to respond to some of the service and resource challenges in social services. Some of the adult social care pressures I have already mentioned but we have also had considerable increases in demand for children's services which we are needing to respond to. These are challenges that we are succeeding in addressing through effective partnerships with other agencies, appropriate levels of resourcing and best practice in service response.

I would like to thank all the individuals that have allowed us to share their stories and as I am sure you will agree that these stories are much better at bringing to life the difference that all our hard work is making to people's lives and wellbeing.

On behalf of our Cabinet Member for Social Services, Councillor Christine Jones and I, we would like to thank all our staff for their efforts in supporting vulnerable people in Flintshire this last year, and of course we have clear plans to take forward further service improvements in the year ahead.



[Neil Ayling](#)  
Chief Officer  
Social Services



[Councillor Christine Jones](#)  
Cabinet Member for  
Social Services

## Section 3 How Are People Shaping Our Services?

Following the passing of Social Services and Wellbeing (Wales) Act 2014 Flintshire County Council has embarked on a number of change initiatives to further embed models of co-production into service development and commissioning initiatives. We have begun to review current practice and to implement changes which will ensure that we work with people in partnership and foster reciprocal relationships to work together on developing social services in the future.

Since 2014 we have coordinated two schemes, which aim to utilise a model of co-production within our commissioning processes. We began our initial pilot in Disability Services, this is now nearing completion and has enabled us to capture a wealth of data and learning, which in turn has allowed us to establish a draft commissioning model which outlines a process of co-production. This draft model is now steering our second pilot in Carers Services which we anticipate will be completed in April 2018. On the completion of our second pilot we will have a clear model of co-production in commissioning in Flintshire and will embed this as part of our working practice.

In 2016 Flintshire has been involved in a series of activities which will actively inform the development of services. Flintshire has supported the development of the regional Population Needs Assessment; as part of this process we have obtained feedback from 133 organisations, completed staff engagement sessions with 90 staff, consulted with mental health teams, housing support teams and with people who use services via Double Click and Growing Places, we engaged with our Disability Citizens Panel, Looked After Children Group and Equality Impact Assessment Group as well as reviewing 23 consultation documents to support our research. This work will provide an evidence base which can identify some of the key care and support needs of people in Flintshire and across North Wales, which will provide a valuable source of information and enable us to inform future partnership arrangements, commissioning strategies and develop services in 2017/18.

In other areas of service Flintshire has developed a series of co-productive and person centred initiatives, which will in the future inform how services are shaped and developed. For example in 2015-16 we introduced 'What Matters Assessments' and 'Outcome Focused' Training into Adult Services. In 2016 we began our 'Progress for Providers' initiative and this year we are introducing a 'What Matters' approach into Children Services. In late 2016 work began to develop a Children's Services Participation Strategy which is being co-produced with the Participation Group and the Children's Services Forum. All these initiatives encourage and support more meaningful conversations between staff who provide health and social care and the people, families and carers who receive health and social care. From the recording of these conversations it will be possible in the future to utilise what people are telling us to influence service development strategies.

We have introduced a new approach with one of our care home providers called 'Working Together for Change' to use the qualitative voice of the people who are living in care homes to inform strategic commissioning. A 'Working Together for Change' event was held at Llys Gwenffrwd residential home in 2016. The process of engagement used the raw data gathered from person-centred reviews at the home to determine what is working for the older people living there, what is not working so well and what might need to change for the future. Our plan is to roll out this approach with all our care homes in the coming year.

We believe that finding out what matters most to people is a key part of developing quality services, and every year we invite feedback from people we are involved with, using the information we receive to make improvements to the services we deliver. This year we responded to the request from Welsh Government to collect national data about the wellbeing of people who use our services. We sent out 1,442 questionnaires to a sample of adults, children, families and carers and we are starting to analyse the results and here is a flavour of some of the feedback we have received:

This is what adults told us about their care:

### 😊 What we do well...

*96% of people reported that they are happy or sometimes happy with the care and support they receive*

96% of adults felt that they are treated with dignity and respect, and are involved in the decisions made about their care

98% of adults felt that they had been given the right information and advice, and 95% felt that they knew who to contact when they needed to

⊗ **What we could do better...** (some examples of what people said)

*Reduce the waiting times for complex services to be put in place*

*Identify more activities for isolated people in rural areas*

This is what young people and parents told us about their care:

😊 **What we do well...**

*"You are available for advice when needed"*

*"Contact with our Social Worker is good; we are always kept up to date"*

*"Got a great Social Worker"*

*"Assistance with the food bags from the food bank" (parent)*

*"Our social worker is always available for support"(parent)*

*"Good communication, helpful staff" (parent)*

⊗ **What we could do better...**

*"Training on the internet is not great" (parent)*

*"We are not always given notice of reviews" (parent)*

*"When carers are in crisis or getting there, the managers sometimes do not recognise this. Some are given more support/respite than others." (parent)*

## Section 4 Promoting and Improving the Well-being of Those We Help

Since the Social Services and Wellbeing (Wales) Act came in on the 6<sup>th</sup> April 2016 we have been working hard to embed the new approach in promoting people's well-being by asking "what matters" to them. This is about giving everyone, adults and children, a voice, an opportunity and a right to be heard as an individual to shape the decisions that affect them and to have control over their day to day lives. We want people to be empowered to achieve their wellbeing outcomes and our role is to support people and co-produce solutions.

Below is a summary of our performance in promoting and improving the wellbeing of those we help; we have aligned our social services activities and priorities to one of the six National Quality Standards as follows:

### (a) Working with people to define and co-produce personal well-being outcomes that people wish to achieve

We know that people are best placed to determine the personal outcomes that they wish to achieve based on their own values and what matters to them. So we are empowering people to have a greater voice and more control over the care and support that they receive by actively involving individuals in making decisions about their lives. This approach will not only drive co-produced wellbeing outcomes, personal solutions but person centred services.

**Be the best at finding out what really matters to people through personal outcomes**

We have continued to achieve the personal outcomes of the people that we support through the delivery of our Reablement Team. Our approach is successful because it empowers the individual to establish their own outcomes and we work alongside them to support them to achieve those outcomes; and naturally personal outcomes are revised as and where appropriate to reflect the changing abilities of an individual. We have supported many people to achieve outcomes such as regaining independence with daily living, returning to social groups and re-establishing work activities; the story of Mrs A is a typical example of the life changing work the reablement team delivers. 69% of individuals leave the service having achieved their personal outcomes and requiring no ongoing social services support. A further 14% complete a period of reablement with a maintained or reduced support package.

We will continue to do the best we can at finding out what really matters to people and support them to achieve their personal outcomes. This successful approach illustrated in Reablement is also being embedded across the wider Social Services portfolio, including Mental Health, Disability Services and Children's Services.

## ***“I got my life back...”***

*Mrs. A was a 72 year old lady who had Cerebral Vascular Accident (CVA) resulting in a right side paralysis. Prior to her CVA, Mrs. A was a very active, independent lady who enjoyed meeting friends, playing bowls and going out with her family who live locally. Mrs. A lived alone in her own home. Following the CVA, she spent 5 months in hospital and was discharged home with a full care package, with 2 support workers calling 4 times a day. Mrs. A was unable to stand and walk or complete many daily tasks.*

*Mrs. A was referred to Reablement to assess whether it was possible for her to regain as much independence back as possible and reduce her need for care; Mrs. A was just “desperate to walk again”. When we first met Mrs. A she was extremely low in mood and very tearful. Her days were spent sitting in a chair, unable to move, often wet as her catheter would leak frequently.*

*So, we initially worked with Mrs. A to promote a better standing position, tolerance and encouraging her to put weight through her right leg. She soon progressed and her care calls during the day were reduced. However, Mrs. A was still dealing with a leaking catheter which was understandably distressing for her. What mattered to Mrs. A was for this issue to be resolved. We continued to work with Mrs A daily on her standing and sitting and also showed her how to empty her own catheter into a plastic jug, Mrs. A mastered this within a week. This seemingly small task, which she was now able to complete independently gave her a sense of achievement, control and dignity.*

*We then began to practice getting in and out of bed with Mrs. A using a transfer board, again she soon got the hang of this. As rehabilitation progressed, along with the support of her two daughters who visited regularly, Mrs A reduced her care calls even further.*

*However, Mrs. A was very determined she wanted to walk again independently. Her personal outcomes were to be able to walk into Airbus Café to meet her friends for lunch and to be able to attend afternoon tea for her daughter’s birthday. So we involved the Physio and a plan was put in place to work on Mrs. A’s hip and knee control. As Mrs. A progressed, we then assessed her to see if she would be able to use a walking stick. We also practiced car transfers, to enabled Mrs. A to go out more easily with her daughters.*

*By the end of the Reablement support, provided by a multi-disciplinary team of professionals, Mrs. A was able to walk independently using a stick for support both indoors and a limited distance outdoors. She was able to meet her friends for lunch which was so important to her. Eventually, Mrs A was able to do more tasks for herself and described the support she had received from the team as having “given me my life back”.*

In order for people to determine the outcomes they wish to achieve and make informed decisions about how best to manage their well-being, information and advice relating to wellbeing services and support needs to be made available at the right time in the right place. As a result, we have developed Information Advice and Assistance (IAA) services within both Adults, our Single Point of Access, and within Children’s, our Family Information Service and Team Around the Family; these services target IAA with the aim of prevention and early intervention. Here is a snapshot of the performance and difference that our IAA services are making in supporting people to define and achieve their wellbeing outcomes:

### **Family Information Service**

- ✓ received a total of 17,684 IAA enquires between April and September 2016
- ✓ 100% of services users (30 respondents) said that the advice and assistance enabled them to make an informed decision about childcare and family support
- ✓ 100% were satisfied with the service they received



- ✓ 75% opted to access suitable childcare after accessing the service

### **Urgent Referral for IAA**

*An urgent request for referral information for a range of services was received from an organisation in West Yorkshire, as a family from West Yorkshire were moving at very short notice (a matter of just a couple of days) to Flintshire and required a comprehensive support package to be in place. The family have had 2 referrals made to Social Services in the past 12 months and both mother and teenager have expressed thoughts of suicide in the last month. The package of information was prepared, categorised into quick reference sections and additional support possibilities were suggested. Shortly afterwards, the referrer wrote to us expressing their thanks and to say:*

*'...the support services and referral forms were categorised and made it easy for us to determine which services would be beneficial to the family. Our request for information was answered on the day it was received and as a result 5 referrals to services in Flintshire were made promptly that will enable the family to receive the same level of support that they were receiving in West Yorkshire'*

### **Team around the Family (TAF)**

- ✓ received a total of 111 referrals over the last year
- ✓ 89 families were supported to define and develop their 'TAF' Action Plan
- ✓ 65% of these Action Plans were closed with a successful outcome

### **Single Point of Access (SPoA) - 3<sup>rd</sup> Sector Coordinator**

- ✓ received a total of 171 IAA enquiries between April and December 2016
- ✓ 88% of these IAA enquiries were closed with a successful outcome
- ✓ 133 enquiries received a response within the target of 1 week, 79 received a response on the same day

**To continue to work with all our partners to prevent unnecessary hospital admissions and return individuals home as speedily as possible**

Social Services was committed last year to promoting and securing sufficient 'step up step down beds' in the community which are funded via the Intermediate Care Fund. Across our in-house residential care homes and the independent sector we have secured on average 12 'step up step down beds' which have been used as part of our discharge to assess process and 153 individuals have accessed these beds during the past year which has enabled us to prevent a hospital admission and/or to keep people as close to home and their family as possible. Individuals who use these 'step up step down beds' are cared for by community health and social care teams, including their GP, District Nurses, Community Therapists and Reablement as required, which supports a speedy recovery home or into a longer term placement of their choice. Of the 153 individuals that have been supported in a 'step up step down bed' this year, here is a summary of the outcomes:

75	returned home or went to live with a relative
7	discharged for further assessment
24	moved into long term care
10	passed away
4	admitted to hospital
33	remained in the 'step up step down bed' at the point of reporting

We are pleased to report that Flintshire has continued to work well with our health colleagues and independent providers to ensure that individuals are discharged from hospital as soon as they are medically fit so resulting in a low rate of delayed transfer of care from hospital; for the first nine months of the year there were 17 delays for social care reasons for adults over the age of 75, giving us a rate of 1.3 per 1,000 population for delayed transfers of care. Despite this being a well-publicised challenge the average number of delayed discharges from hospital continues to remain low which is showing clear signs of the positive work that is taking place in Flintshire to prevent hospital admissions and support early discharge.

Furthermore, Social Services and its partners have made money available from the Intermediate Care Fund to provide all Flintshire care homes with a maximum of £2,000 towards the purchasing of equipment, such as hoists, beds, mattresses and elks, to speed up discharges from hospital or to avoid admissions into hospital for Older People.

### To become a strong and effective corporate parent

A Corporate Parenting Strategy is being developed in Flintshire, which is in parallel to the Participation Strategy. This Corporate Parenting Strategy will set a vision and commitment for Flintshire County Council and give clarity on how we, as the Council, will be an effective and trustworthy corporate parent for any child or young person who is in our care irrespective of their age, gender, sexuality, ethnicity, faith or disability. Our work will begin to unpick Flintshire's current Corporate Parenting Pledge alongside young people and Elected Members to draw out priority workstreams. Additional learning will be taken from a National Corporate Parenting event taking place in March 2017 which will report back from regional events and showcase best practice from across public services. Our final Strategy will be published in 2017/18 and will be accompanied by an action plan which we will take forward in collaboration with our partners.

We have 220 looked after children, which remains lower than the average in Wales. Our intention is to respond to the national agenda by reducing the number of children who are looked after and providing timely permanence planning for those children who are the subject of voluntary accommodation. Children who are looked after are represented on the Children's Forum and their collective voice helps to shape priority services highlighted in our Council Improvement Plan, such as improving access to Child and Adolescent Mental Health Services (CAMHS) and improving outcomes for looked after children.

- ✓ 94% of looked after children and 84% of children in need of care and support have had their care plans reviewed within timescales
- ✓ 85% of visits to looked after children were provided within timescales

### Moving forward, our priorities for 2017/18 are:

- Ensure we are compliant with the Social Services & Wellbeing Act through our policies, procedures, practice and by developing our approach to co-production in strengthening community capacity.
- Plan for and embed the new requirements under the Registration and Inspection Act

## **(b) Working with people and partners to protect and promote people's physical and mental health and emotional well-being**

To successfully protect and promote people's wellbeing we need to work together. We need to jointly take responsibility for encouraging and empowering people to take a lead in their own lives and manage their own health and wellbeing. We in Social Services and our partners needs to develop the right means for supporting people to access services which enable them to maintain a good level of physical, mental and emotional wellbeing. This also links to the Well-being of Future Generations (Wales) Act 2015 which focuses on our future generations' Well-being in a wider context.

**To develop key strategic partnerships with specialist providers, for example Action for Children to strengthen our preventative services**

We have been strengthening our strategic partnership with Action for Children during the last several months. In November 2016, we hosted a Development Morning with all stakeholders to look at what our strategic partnership should look like in the future, what our priorities are for the children, young people and the families we work with and how to maximise the service areas that fall under the partnership.

Our partnership will include the introduction of the new Repatriation and Prevention (RAP) project with Action for Children, which is in its infancy. The RAP project works on two levels; the service provides a wrap-around intensive service to young people, and their carers, who are in out of county care placements, or who are at significant risk of being placed in an out of county care placement. The service aims to support the young person to a point where they can be successfully supported in a local fostering setting. We will be investing in our Fostering service in 2017 to support this development. The second element of the service will provide an early intervention and preventative therapy service to reduce the risk of family or placement breakdown. Over time the RAP service will play a key role in supporting more young people to live locally, whilst at the same time reducing the significant cost of residential care which averages £3500 a week per child.

We are looking forward to developing this partnership and strengthening our preventative services with Action for Children during 2017/18 and in the years to follow.

Our Flying Start (FS) programme received feedback from 7 mothers who had completed a package of targeted support with the FS midwife. They all said that they had gained more knowledge and felt more confident to care for their baby. They all felt more informed about the importance of breastfeeding and having a warm and close loving relationship with their baby.

3 families provided feedback of their experiences of FS childcare settings; they all felt supported with their child settling into childcare, and reported improvements in the children's talking, listening and sharing. 73 parents completed a parenting course and 96% recorded that they were satisfied or very satisfied with how they were treated on the course; we are working on a measure for the difference that this has made.

**To embed person centred practice in care homes across Flintshire and roll out a similar programme with domiciliary care providers**

The Contract Monitoring Team have been undertaking innovative work in partnership with our residential care providers and Helen Sanderson Associates by embarking on a programme of change called "Creating a Place Called Home, Delivering What Matters" which is striving to improve the day to day lives of individuals living in residential care homes by embedding person centred practices and delivering what matters to people.

As a way of recognising the good work and progress that care homes are making on this journey we have introduced 'Progress for Providers' which contains three levels of accreditation, Bronze, Silver and Gold. This will help our care homes to demonstrate publically that they are making good progress in delivering truly person-centred care.

Over the last couple of months the Team has been busy supporting our care homes in working towards the bronze accreditation; to be bronze, everyone in the care home (including all staff) needs to have an up to date one-page profile that is being used and, more importantly, is making a difference to the lives of the individuals and staff in the care home. We have received some fantastic stories of how the one pages profiles are improving the quality of life for people, for example one gentlemen is now going fishing with a staff member's relative as a result of the one page profile and another gentleman is able to do what he enjoys again and that's putting a little bet on the horse racing. We have noticed it's the small things that make the biggest difference; please take a read of Mair story:

### ***"I want to help and be more involved"***

*Mair has been a resident in Llys Gwenffrwd since September 2015, she came to us following a stay at the community hospital. Mair was reluctant to engage in any interaction within the home and was continually worried and anxious regarding her finances and her situation.*

*The staff in the home wanted to support Mair to regain a purpose in her life and give her some responsibility back and a sense of purpose, so her one page profile was developed.*

*Since moving into the home Mair has had regular check-ups and meetings with health professionals to monitor her mental and physical health. Mair began to gain confidence with the staff and through many conversations with her and a greater understanding into her background we began to gain a better picture of who Mair is. We focussed on the positive aspects of her life , her caring nature and the need to help and support people around her and so we started to introduce tasks for Mair to complete each day, such as laying the dining tables, gardening and printing lunch menus, which she really enjoyed doing and gradually we increased these tasks. Mair now feels a valuable part of the home and achieves many important and essential roles each day; because of her involvement with the staff and residents Mair's confidence has grown and although she can be low in mood she now has a greater awareness of this and will come and chat with the manager and staff when she feels down.*

We are in the early stages of this exciting journey but as you can see the person centred practices and delivering on what matters is really making a difference to the lives and wellbeing of our residents; and following this success, we are now looking to roll out a similar programme with our domiciliary care providers and for people receiving care and support in their own home.

### **To continue developing integrated health and social care teams**

Social services and Betsi Cadwalader University Health Board are currently working in partnership to develop a Community Resource Team. The purpose of this team is to react quickly to an individual's deteriorating health and wellbeing needs, providing support in the person's own home, to prevent the need for a hospital admission. The team will provide short term care for an initial assessment period of two weeks. This team will support the prevention of a hospital admission, which is high priority for the Health Board, and will enable people to stay at home and be supported by a multidisciplinary team of health and social care professionals.

The work of the Single Point of Access (SPoA) in Flintshire will be central to coordinating community health, social care and 3<sup>rd</sup> sector partners, deploying appropriate resources and is able to offer real alternatives to statutory and acute care; and this year we have seen the introduction of a dedicated 3<sup>rd</sup>

Sector Coordinator role funded through the ICF to meet the holistic needs of people in contact with the SPoA.

**Moving forward, our priorities for 2017/18 are:**

- Implement the Community Resource Team, integrated with SPoA
- Work with carers to help us link outcomes to developing practice

### **(c) Taking steps to protect and safeguard people from abuse, neglect or harm**

It is our duty to protect adults and children as defined in the Social Services and Wellbeing Act. In order to do this we work with key partner agencies, such as Police, Health, Advocacy, Women's Aid, to ensure that the right care and support is arranged for people subject to and at risk of abuse and neglect to enable them to achieve their personal wellbeing outcomes. We are pleased to share our progress this last year...

- ✓ 81% of initial Child Protection Conferences were carried out within timescales
- ✓ 98% of Child Protection Reviews were carried out within timescales
- ✓ 4% of children on the Child Protection Register were re-registrations
- ✓ The average length of time on the register was 217 days
- ✓ There were 134 children on the Child Protection Register at 31<sup>st</sup> December 2016

The new and additional safeguarding requirements of the Social Services and Well-being (Wales) Act have been most greatly felt in Adult Safeguarding, following the change of definition of an 'Adult at Risk'. The Welsh Government is working to produce the Regulations and Codes of Practice to support the new legislation but many of the principals are now embedded into practice in Flintshire including the establishment of Regional Safeguarding Boards, a National Independent Safeguarding Board and sub-regional Safeguarding Delivery Group which disseminate the work of the regional boards to operational services.

The Flintshire Corporate Safeguarding Panel established in December 2015 is building momentum with the creation of a Corporate Safeguarding Policy, a clear Communication Plan and the establishment of a Basic Awareness training programme for all local authority employees.

**Managing the risks identified through adult protection referrals including management of allegations against professionals**

To date the Adult Safeguarding Team has received 347 adult protection referrals, to the 30<sup>th</sup> January 2017, we estimate this to be in the region of 400 referrals by the end of March 2017. The highest percentage of these referrals have been reported by Independent sector agencies, followed by health/hospital colleagues. Over 50% of referrals progressed to strategy discussions, whereby immediate safeguards were put in place to protect the adult at risk and investigations were undertaken by the most relevant agency in relation to the referral.

There have been 4 referrals relating to professionals to date which have been managed in accordance with the Adult Safeguarding Board's Professional Concerns Policy. Whilst the number of referrals appears low, most referrals concerning professionals are managed within the adult safeguarding process.

We have worked with neighbouring authorities to draft a revised Adult Safeguarding Concerns referral form in line with the Social Services and Wellbeing Act and we have worked with internal performance teams to update client information to ensure our work is outcome focussed and Act compliant.

By managing risks identified through the adult protection referrals we are able to better support people to live in safety, in line with Article 8 Human Rights Act, and with the right to a family life. The Safeguarding Unit provides information, advice, guidance and support to members of the public, independent agencies, public sector and FCC provider services to prevent and manage risks. We also work with providers (employers) in ensuring appropriate human resource actions and reporting actions are completed, for example, referrals to vetting and barring (DBS) and the nursing and midwifery council (NMC).

We share positive and negative feedback with the Contracts Monitoring Team in order for them to take appropriate action with providers. This information feeds into the monitoring process, and where necessary, action plans are implemented for the commissioner to monitor and ensure there is a high standard of care being delivered to citizens.

Please see below one example of our success in supporting individuals through the Adult Safeguarding process and how we listened to what matters to them and supported them to achieve their personal outcomes:

***“I want to return home...”***

*Ms B had disclosed to visiting professionals that she had been physically assaulted by her son on a number of occasions. Following the referral being received, a welfare check was immediately undertaken by the safeguarding social worker, who found the person on the floor, having fallen, awaiting for paramedics. The social worker was able to raise concerns with paramedics, who in turn agreed to take the person to hospital, giving time for an assessment to be completed. Assessments were undertaken in hospital whilst Ms B was recovering from an infection and arrangements were made for her to move into a residential setting on a short term basis whilst the next steps were agreed with relevant agencies. Police, residential home, domestic violence agency, social worker, district nurse and an independent advocate all worked together to respect Ms B's desire to return home to her son, despite the background to the referral. Arrangements were made between agencies to monitor the situation and support the decision. For example a Domestic Violence leaflet drop was undertaken by police in the local area to seek community support, a care package and call link pendant were commissioned by Social Services, the advocate offered emotional support and the district nurse continued to do ad hoc visits relating to health issues.*

**Continue to evolve the multi-agency Child Sexual Exploitation (CSE) Panel to meet service demand and requirements and establish regional links**

The Flintshire Child Sexual Exploitation (CSE) Panel has been operational for 14 months now and continues to evolve as a model. The remit of the panel has expanded over the past year and is recognised as a good practice model which is being replicated across the region. The panel has regular attendance from a number of partner agencies including Police (Onyx team), Education, CAMHS, Barnardos, NSPCC, Social Services and the Health Board. An evaluation of the panel is currently being undertaken at Panel level and also within Children's Services in terms of response to CSE and case management using the SERAF tool. CSE awareness raising sessions have been held at a Heads Teachers Federation Meeting and a pilot training session was held with a large group of teachers within Flintshire.

Flintshire CSE Panel discusses individual high risk cases as well as identifying cross county links and also regional links to cases. The Panel also identifies cases involving Looked after Children to ensure plans are monitored and children are safeguarded.

### **Working with Children's Fieldwork services to link the proposed single assessment into the Child Protection framework**

This work has continued throughout the year. It has been agreed by North Wales Heads of Social Services that a Regional Single Assessment will now be developed. A working group within Flintshire had already commenced this piece of work in conjunction with a representative from the Safeguarding Unit. The cross county working group has now developed a proforma for regional consideration. Flintshire are reviewing this documentation in line with internal processes. A pilot is currently underway within Flintshire and an internal working group are assessing how this can be utilised throughout the social work process, from early intervention right through to child protection and court if necessary. The working group hope to be in a position to launch the single assessment by April 2017.

Regional workshops are soon to commence looking at a cross county care and support plan linked to the assessment. Flintshire will ensure that once developed this will fit into our own working practices locally as well as being act compliant.

### **Working with Adult and Children's Services to bring safeguarding practice in line with the Social Services and Well-Being (Wales) Act 2014**

The Welsh Government held several workshops on all aspects of the Social Services over the course of the past year which were attended by the majority of staff across both Adult's and Children's services; with workshops also held for managers on organisational change and performance. Internal sessions have been convened to map processes within Children's Services to ensure that we are compliant with the Act and to identify any gaps. Workstreams which have been progressed include: work with our PARIS client information system to ensure forms are Act compliant and data being collected meets the requirements of the National Outcomes framework and new datasets; work with specific social services teams focussing on assessment and outcome focussed plans; redrafting Looked After Children documentation to ensure voice of the child is at the centre of our work as well as continuing to work with the Conference Buddy Scheme in the child protection arena. Looked After Children social workers and Independent Reviewing officers are currently supporting a 6 month 'active offer of advocacy' pilot with Tros Gynnal Plant/North Wales Advocacy Service which aims to offer an advocate to all newly accommodated children or those that experience a placement move.

### **Establishing agreed priorities for action in relation to Mental Capacity Act/Deprivation of Liberty Safeguarding (DoLS) issues, both in care homes under the DoLS framework and in community settings**

The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) were implemented on 1 April, 2009. In 2014 a court ruling, known as 'Cheshire West', led to a huge increase in referrals across England and Wales, and at present there are 261 cases waiting to be allocated for a Deprivation of Liberty Safeguards assessment in Flintshire. To demonstrate our commitment to manage this increased demand we have appointed full time social workers to undertake Best Interest Assessments and over the past year the DoLS Team has continued to work to the priorities recommended by Welsh Government to assess which cases are to be progressed, their guidance sets out three categories (red, amber and green) to help prioritise the allocation of cases.

The DoLS team is working closely with care homes so that the homes know to notify the team if there are any significant issues or changes in an individual's circumstances which might result in a particular application being prioritised.

### **Moving forward, our priorities for 2017/18 are:**

- Strong Corporate ownership of the safeguarding agenda through good levels of learning re safeguarding, effective Corporate Parenting and a joined up approach to well-being.

## **(d) Encouraging and supporting people to learn, develop and participate in society**

It is important that we promote and support people to do the things that matters to them to achieve their personal wellbeing outcomes, whether that be to learn new skills, study for a qualification, develop new interests or join a new social activity. We encourage people to be active members of society, in the way that they choose, which reduces social isolation and promotes independence. We have some excellent examples of how our young people and individuals with a disability are taking advantage of opportunities to learn and develop:

- ✓ At this year's Annual Pride of Flintshire Ceremony, where awards are given for citizenship and helping others, there were hundreds of nominations from foster carers, social workers and teachers to celebrate the achievements of young people. One young man of primary school age received an award for seeking help for a couple who got into difficulties whilst on holiday. A young woman who had experienced difficulties with social interaction received an award for becoming Chair of the School Council and dedicating time to helping other young people to engage.
- ✓ The Permanency Team have fostered close links with schools to ensure that young people are engaged and appropriately challenged. Care leavers are encouraged to link in to activities in the community, such as gaining work experience in residential care homes; this has resulted in a number of young people considering a career in the care sector.
- ✓ Educational attainment of looked after children is monitored through the Children's Forum and also through Scrutiny meetings. Following concern regarding the low outcomes across the Council, a task and finish group was established to review this and identify actions to support improvement. An operational Looked After Children steering Group was established and Looked After Children outcomes became a focus for Challenge Advisers working across Flintshire schools. The Steering Group has since expanded to include a wider range of professionals who ensure that a holistic approach is maintained.
- ✓ In the first half of this year we identified 36 young carers and referred them to Barnardos for assessment. 23 had a carer's assessment. Outcomes for these young people will be reported at the end of this year. However, some of last year's outcomes included:
  - 76% of children and young people reported that Flintshire Young Carers had helped to reduce the impact of their caring role
  - 80% of young people reported that support from Flintshire Young Carers had meant that they were more able to cope with their caring role
  - 81% of young people reported that being involved with Flintshire Young Carers had increased their self-confidence
  - 14 out of 15 young carers had used the A2A card and found it useful.
  - "It was a lot easier than having to explain that I'm a young carer and why I sometimes need extra time for homework etc"*
  - "It allowed me to relieve pressure and stress of exams as well as school work"*



*“The teacher knew I’m a young carer and understood my situation”  
“It helps you explain what you are without explaining – just through the card”*

### Embed the Progression Model across all service areas

The Progression Model has been a priority in Disability Services. We want to reshape the way support and accommodation is provided in Flintshire which focuses more on enablement to promote independence and community inclusion; we call this the progression model and it enables individuals to have more opportunities, more choice and control and independence.

Disability Services has seen short term Intermediate Care Fund investment to progress this priority further. Using this funding, Flintshire has established a Stakeholder Team to lead this work and embed the model across the service, with our starting focus being individuals in supported living. Since the commencement of the Stakeholder Team in November 2016, we have:

- ✓ Embedded the model in Orchard Way, see case study below
- ✓ Invited the Support Providers of the houses using the progression model to join our Stakeholder Team
- ✓ Planned training for support workers on the new progression model
- ✓ Agreed a Positive Risk Taking Strategy
- ✓ Installed Assistive Technology to support the model and greater independence of individuals
- ✓ Identified further supported living properties that we will roll out the model

Here is a case study of the progression model being used in Orchard Way:

*Orchard Way is a supported living property and was a pilot of the progression model, which supported 3 men to achieve their potential through intense positive support and a positive risk taking approach was adopted in a 3 way partnership between the men and their families, the support provider and Social Services.*

*As the young men learned new skills and became more independent, they required less support. At the start of the pilot they required 81 shared hours a week and 7 sleep ins of support. They now only need 18 shared hours with no sleep ins; this is excellent progress demonstrating greater independence. The contributing success factors for this pilot included the men supporting each other, the introduction of assistive technology, clarity from the onset and commitment from all - to the approach and Partnership.*

*These men are now progressing to a long term tenancy and Orchard Way will be used in the same way again for future individuals.*

The progression model will gradually be rolled out across all supported living properties; this model will become the new way of working which is supported by staff and families.

### To transform Learning Disabilities and Day services

Social Services has continued to deliver quality day services and work opportunities for more than 150 adults with learning disabilities. These services provide respite care and support, with meaningful activities that improve skills and increase independence. The Social Services team have worked closely with service users, families and staff to consider alternative delivery models that will help to protect and modernise these services to meet the present and future needs of the community. This is a challenging goal, as the Council seeks to deliver financial efficiencies across all services.

During 2015-16 a series of consultation events were held with service users, their families and Flintshire Social Services staff. These events helped the Council to understand what matters most to the people that use these services. This information is being used to help shape how services will be provided in the future.

Following a detailed feasibility study where the council considered a number of options including a social enterprise option, a formal procurement process has been undertaken to assess and select a trusted and experienced external provider, with social aims, to deliver these services in partnership with the Council under a commissioned contract. This procurement process is nearing completion and has benefitted from close collaboration with all stakeholders including individuals and their families, staff and trade unions, Council Members, and independent service advocates. It is anticipated that a recommendation to appoint a partner service provider, or to continue to transform as a Council-run service, will be presented to Council Cabinet in spring 2017.

As part of its commitment to delivering good quality support to people with disabilities, the Council has approved a £4 million capital funding project to build the new day service centre that will be modern and fit for purpose, in the Deeside area, during the next two years. Individuals and families will be involved in the design process of the new building.

**Moving forward, our priorities for 2017/18 are:**

- Process for high cost placements are well managed and adhered to
- Pilot the free childcare of 30 hours
- Progression model continues to be embedded
- Transformation of day services and work opportunities to be continued

**(e) Supporting people to safely develop and maintain healthy domestic, family and personal relationships**

It is important that we support people to develop and maintain the relationships that matter to them, whilst also helping people to recognise unsafe relationships and help them to protect them from abuse and neglect. By listening to the views of everyone involved and targeting early intervention and support we believe that we can better support families and children to maintain healthy relationships.

**To continue to develop our ways of targeting early intervention and support for Children, Parents and Families**

The Social Services and Wellbeing Act aims to rebalance the focus of care and support to prevention and earlier intervention – increasing preventative services within the community to minimise the escalation of needs to a critical level. During this year, partner agencies working in children’s and adult’s services, youth and education, housing, policing and health have come together to begin working on the introduction of an Early Help Hub. The aim is to share information about families with more complex needs so that more appropriate information, advice and assistance can be made available for those families. The information, advice and assistance will be available much sooner than would otherwise be and is better coordinated so that real problem solving can happen with families. Not only will this

support closer partnership working, improve our ability to identify and target preventative measures for vulnerable families but the wellbeing outcomes for the child and family are improved by supporting them earlier in their journey.

This year has also seen a focus on intelligence gathering about families using services across the 'spectrum of need', from universal to statutory which will enable us to develop services that prevent rather than react. For example, we know that parents with mental health problems are a strong feature of cases where children have been seriously harmed, even with conditions such as depression inhibiting a parent's ability to respond to their child's emotional cues and being able to offer consistent care. Research has only just begun to consider the effects on parenting of the more serious mental health conditions. The aim towards further early intervention and prevention is to understand the impact and to do something earlier, where we can, through the best use of pooling resources, intelligence and work streaming.

In Flintshire we have an extensive existing network of effective, and respected, universal and targeted early intervention services that support families to keep safe, secure, in good health and to enjoy economic and social wellbeing. The Early Help Hub will work with these services as part of an approach that goes further to support specific families with complex needs. The aim is to enable these families to build their own wellbeing and resilience so they are better placed to prevent their problems from escalating.

**Moving forward, our priorities for 2017/18 are:**

- Implement an early help hub for children and families

**(f) Working with and supporting people to achieve greater economic wellbeing, have a social life and live in suitable accommodation that meets their needs**

As individuals our wellbeing is enhanced by social interactions and a sense of contribution to society and to live in accommodation that supports our independence and personal outcomes. It is also about promoting and strengthening our Welsh Language services and to show our commitment we have established an Equality and Welsh Language Network promote the Welsh language Standards and to embed the Mwy Na Geiriau / More than Just Words legal framework. We are actively supporting and encouraging people to achieve greater social and economic wellbeing whilst also ensuring that there is sufficient and suitable accommodation available that meets people's needs.

**Improving the quality of life through the promotion of independent living**

What better way to demonstrate how we are improving the quality of life for people through the promotion of independent living than to tell you about Ms C and how we supported her to become more independent again:

Ms C was diagnosed with Recurrent Depressive Disorder and Chronic Fatigue Syndrome. Ms C had brain surgery over a year ago to remove a tumour which has caused her lots of memory problems. Ms C was living with her parents, this was for extra support after coming out of hospital. As a result Ms C lost confidence and didn't feel she could live alone anymore.

Our support with Mrs C was aimed at spending time in her own house and getting her used to her home environment again after nearly a year of being with her family. We started off spending a couple of hours supporting her to attend to household chores as well as a coffee and a chat. Ms C's confidence grew each week and she began to spend more time in her home independently. Her mood noticeably improved and she was more hopeful about the future.

Ms C identified she would like support to access her local community and gain confidence in going out independently again. We referred her to our Recovery and Wellbeing Programme to see if she was interested in any activities and/or courses that are available; and Ms C decided that she wanted to focus on a healthier lifestyle, she felt the walking group would be ideal. She joined the Monday afternoon health walk in Mold, Ms C thoroughly enjoyed the walks and also reacquainted herself with several friends she had lost touch with. This all contributed to an improvement in her overall mental wellbeing.

Ms C then started to stay at home a few nights a week which then gradually increased to full independent living. We continue to support Mrs C to build her confidence in the wider community, we have started using public transport as Ms C lost her driving license as a result of her brain injury.

Ms C has achieved a lot in the short space of time that we have been supporting her, she continues to set personal outcomes and feels that with the support of our team she can accomplish and succeed them.

### To select supported living providers in collaboration with stakeholders

Social Services has re-commissioned 4 of our supported living houses this last year; these properties no longer use our in-house support team. A procurement process was undertaken to commission a new independent sector provider. The tendering process was in collaboration with individuals using the service, the families and friends along with the support of the North Wales Advice and Advocacy Service. For the first time in Flintshire families were able to have equal weight in the selection of a new provider. The involvement of stakeholders has been fundamental to the evaluation and selection of a provider, giving us all confidence that the new provider will support the individuals to achieve their wellbeing outcomes.

Through the promotion of Direct Payments, we have also supported individuals and their families to select their own support provider in 3 other supported living houses, demonstrating a truly co-production approach. Social Services supported the process but the individuals and their families took control of selecting providers, conducting interviews and ultimately the selection of the chosen provider. Feedback has been extremely positive with people telling us how good it was to have this role and influence over choosing a provider that best meets their personal outcomes. One provider was not selected as they couldn't commit to achieving the outcomes one lady identified. This shows their commitment and passion for being involved and actually taking the lead on the decisions that matter to them. Please see take a look at the photos from the interview process.

**Moving forward, our priorities for 2017/18 are:**

- Develop our building assets, using capital investment, to ensure that people have good places to socialise in and live, for example our Flint Extra Care, the Arosfa capital works and the new day services centre in Deeside.
- Build a strong care sector, by developing our in-house provision, supporting the independent sector and work with health to ensure seamless and well-coordinated care.

## Section 5 How We Do What We Do

Flintshire County Council is a well-run and high performing Council. Our consistently good performance has been recognised locally and nationally. We have a strong Corporate Identity with a Chief Operating Team providing cohesive and professional leadership. We have a robust governance framework which includes a clear set of organisational priorities, a coherent approach to financial planning/management and an effective operating model for risk management.

The following section explains how we operate, work with our partners, invest in our workforce and how we plan for the future:

### (a) Our Workforce and How We Support their Professional Roles

Social Services continues to focus on how we plan to develop and support our workforce during this time of change and ensuring that we meet the requirements of the Social Services & Wellbeing (Wales) Act. We will only achieve our ambitions and be successful in meeting people's wellbeing outcomes through our workforce by developing the right skills, attitudes and behaviours. This has been a priority for the Council and has seen the introduction of our People Strategy 2016-19, which will play an important part in the achievement of the Council's aspirations and ambitions. Over the past year Social Services has been working towards ensuring all staff are committed, competent and knowledgeable in delivering quality practice as defined under the Act.

**To ensure all our staff are competent and knowledgeable in delivering practice required by the Social Services and Well-being (Wales) Act 2014**

The Social Services and Well-being (Wales) Act 2014 introduced reforms with major implications for the learning and development needs of the whole social care sector workforce. Following the launch of the Act, a series of one day courses were developed by the Institute of Public Care at Oxford Brookes University following a training programme commissioned by the Care Council for Wales, and delivered across Wales. Check out Flintshire's staff attendance on these courses, [here](#).

In order to ensure all our staff are competent and knowledgeable in delivering practice required by the Social Services and Wellbeing Act, the 6 North Wales Social Services jointly commissioned Rhoda Emlyn-Jones to deliver a series of Outcome Focussed Training courses for Adult Social Services. In Flintshire, this comprised a 1-day course for Adult Services managers and 2-day course for staff; followed by training of a small group of managers to facilitate a Reflective Practice Group for staff. This has developed into ongoing management training and staff focus groups for various teams.

Children's Services has held 2 all-staff service events focussed on the Act. Children in Wales has been commissioned initially to deliver 2 days of training, on the "What Matters" conversation for children, on fundamental skills needed to engage and assess young people's needs under the Act, with a view to rolling out a programme of management and staff development similar to that taking place in Adult Services.

Within the Social Services training programme, all existing course materials have been updated in line with the Act and now reflect its ethos, principles and the new approach. Staff who were unable to attend specific training modules or who require specialist information are directed to the [Learning Hub](#) website set up by the Care Council for Wales. [QCF Assessors](#) are sign-posting learners to the Learning Hub and asking them to complete the e-learning module after completing their diploma induction workshop.

Finally, a series of workshops titled "Making the Most of the Third Sector" have encouraged managers and staff to engage with the third sector, independent providers and partner agencies under the Act.

The Workforce Development Team has hosted regional workshops in Greenfield on the Act for third and independent sector managers in order to foster partnership working.

Following several regional Organisation Development workshops attended by the majority of Flintshire senior managers in December 2016 and January 2017, a strategic programme is being developed to embed the principles of the Act into the structures and practices of the service.

We believe that we are making good progress in ensuring that all our staff are competent and knowledgeable in delivering practice required by the Act; the focus moving forward will now be on peer support, sharing good practice, supervision and appraisals to ensure quality practice is truly embedded.

#### **Embed our new management structure in Children's Services**

The volume, and complexity of work, has and continues to be a challenge for Children's Services and we are working hard to maintain our delivery whilst developing new approaches to ensure that we can sustain the provision of high quality and effective support for children and families. The continued commitment, passion and dedication of staff to provide a child centred, family focussed, professional service remains at the core of our success.

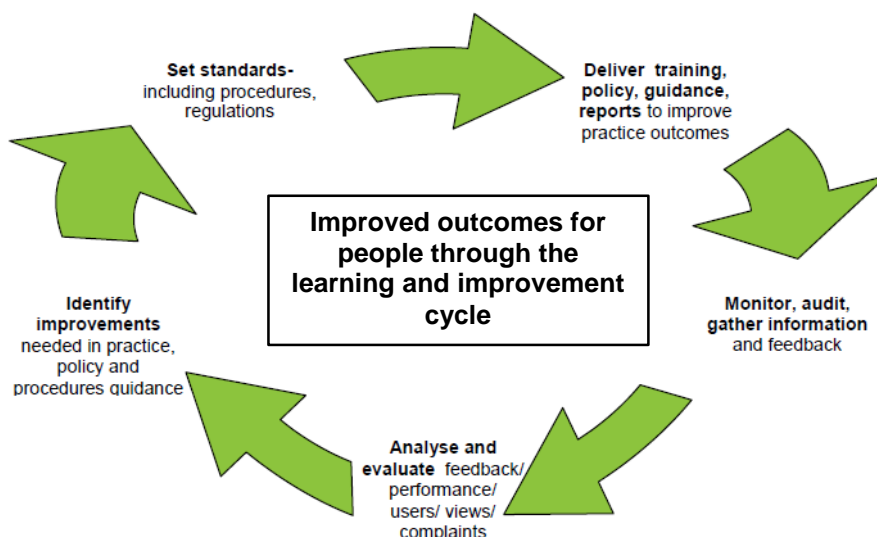
In 2016 we implemented a new structure for the children's operational teams based at Flint Council offices. A gradual approach was taken as opposed to a 'big bang' implementation to ensure minimum disruption. The new team structure is now fully operational.

In line with the ethos of the Act we will continue to develop our approach to ensure effective and timely information, advice, and assistance. The co-location of the Family Information Service at Flint, and the integration of Team Around the Family within Children's Services, have both played a significant role in enhancing our services and the support we offer. In 2017 there will be further work to strengthen our approach to targeting early intervention for families who have complex needs through our Early Help Hub.

#### **Develop a robust focus on quality and practice**

Measuring the impact of service delivery is crucial to achieving improved outcomes for people who use Social Services. In order to do this, we have implemented a Quality Assurance Framework to monitor and evaluate the effective delivery of services against the standards that enable children's, young people's, adults' and carers' welfare to be safeguarded and promoted, and their needs met. The framework helps us to make a judgement about the quality of our services, based on whether we are working effectively with service users to achieve the outcomes that they want, and whether Social Services is meeting the standards identified in the Social Services and Wellbeing (Wales) Act 2014. The judgement is derived from a variety of sources, including the experiences and perceived progress of citizens who use services.

The improvement cycle:



Regular auditing of files provides checks and assurances that practice and performance meets agreed standards, that all paperwork required by regulation and legislation is completed within specified timescales and that there is compliance with procedures. In Adult Services, we have implemented a positive risk taking approach and a quality panel to confirm that the individual's right to have conversations about their wellbeing, and to exercise a strong voice and control over their decisions has been respected; that we are taking a "rights based" approach and that the individual has been provided with information, advice and, if necessary, assistance to support them to identify the outcomes they wish to achieve to maximise their independence and wellbeing. We plan to roll out the quality panel approach to other services areas including Disability and Children's Services.

Our programme of file audits in Children's Services is overseen by a panel of practice managers and based on three quality questions: the involvement of the child in the assessment, planning and review process, the identification and achievement of outcomes for the child and family, and the quality of managerial decision making. Improvement themes are identified in each audit round and taken forward by the manager's panel as future learning, or as the subject of further in depth file audits.

Lessons learned from compliments and complaints received through the Social Services Complaints process are analysed on a quarterly basis by the Complaints Officer and reported in detail to Social Services Management Team. The findings are scrutinised with a view to identifying trends and areas for service improvement, and possible themes for future workforce development activity or quality file audits. Please take a look at some examples of where we have listened to your feedback and made appropriate service improvements as a result – ['you said, we did'](#).

**Provide Traineeships for Social Worker and Occupational Therapists within Adults and Children's Services**

At present we have a number of Social Service's staff undertaking the Open University degree in Social work under the traineeship scheme. 3 Trainees completed their training and have joined our social work teams, one in children's services and two in adults. 3 are in their 3<sup>rd</sup> and final year, and 2 in their 2<sup>nd</sup> year. We are inviting applications for this years sponsored traineeships for both the Social Worker and Occupational Therapists within Adults and Children's Services.

These traineeships will continue to provide opportunities for staff to develop in their chosen profession whilst continuing to work for Flintshire and we are proud to be able to develop existing staff to reach their full potential.



**Work towards ensuring all staff who undertake assessments are suitably qualified, as laid out in the Social Services and Well-being (Wales) Act 2014**

Guidance within the Social Services and Wellbeing Act specifies the categories of staff, who should be suitably qualified, to undertake an assessment of an individual's wellbeing care and support needs. In order to support clarity in terms of what 'suitably qualified' means the Care Council for Wales has approved a qualification which has been developed by the Open University, and which is currently being piloted across North Wales. The new qualification is the *Certificate of Higher Education (Wales)*, which can be taken as a generic introductory level to the *BA (Hons) Social Work Degree (Wales)* or as a stand-alone certificate, or a precursor to several other higher qualifications.

The new certificate comprises 2 existing courses, and any staff who have already completed them within the last 5 years can be certified. We are currently undertaking an audit to identify staff who carry out assessments within the scope of the Act; those who obtained the two certificates within the last 5 years; and those who need to take one or more of the component courses. As staff are identified, they are being prioritised for enrolment with the Open University. Sadly, the incurred costs of complying with this requirement of the Act will have a significant impact on the Social Services training budget.

**Support the retention of care sector workers and work proactively to recruit new care workers**

We are currently identifying the key factors that are influencing the fragility of the care sector in Flintshire (both in residential care and domiciliary care) and exploring them in more depth. We are exploring innovative ways to increase interest in the care sector as an employer of choice. A programme plan will be drawn up in line with priority areas and workstreams will be developed to address these factors. The key challenge for all involved in this sector is to develop new strategies for supporting providers in stabilising the workforce. We are also connected with the regional leads who are working in collaboration with providers, partner agencies and with a local authority Economic Development Team to develop a North Wales Regional Workforce Strategy to address this and other workforce issues across the region.

In addition, this year has been the first year that Social Services has recruited an apprentice direct care worker for our Marleyfield House Residential Care Home. This is proving very successful with the apprentice working hard to meet the demands of the job and training; they will undertake a QCF Level 3 in Health and Social Care during their time with us and we are hopeful that there will be an opportunity to join our team permanently once the apprenticeship is completed.

**Support a Leadership and Management programme for managers within the independent sector**

In early 2017, we will offer all providers in Flintshire a one to one business review or 'health check' with a Business Advisor. This process will develop a clear understanding of business operational issues affecting each provider locally. This information will help us identify training and resources that may be available via our partners or privately to meet the individual provider's needs.

We are also working with partners to explore opportunities available for collaboration and forming partnerships within the care sector.

### **Moving forward, our priorities for 2017/18 are:**

- Succession planning and the development of effective strategies for workforce shortages, provider services, children's services and commissioning.

## **(b) Our Financial Resources and How We Plan For the Future**

Flintshire has adapted, modernised and changed to cope with successive years of major reductions in its budgets. Despite the challenges of having to do more with less the Council and its partners retain their ambitions for a forward thinking and prosperous county and region supported by high quality public services.

- ✓ The National Public Survey shows that the Council is ranked 2nd in Wales for providing good quality services according to the views of residents

The Council has made significant progress in a number of difficult areas during the last year, including: setting balanced budgets whilst investing in key priorities, meeting growth in service demands and absorbing the cost impacts of inflation. The Council has achieved this through developing internal programmes of change and reform to make efficiencies, whilst acknowledging it still needs to strengthen aspects of its operations.

The scale and pace of efficiencies over the last few years has been unprecedented; and 2016/17 has been no different. In 2016 we shared our Council funding strategy, the Medium Term Financial Strategy 2016 - 2019 (MTFS), which set out our plan for meeting the predicted budget gap for 2016/17 comprised of three parts:

### Part 1 Service reform and modernisation

- With the exception of Education and Social Care, 30% cost reduction targets set for all services, including corporate services, on their three year business plans.

### Part 2 Corporate financial stewardship

- Prudent use of corporate finances e.g. absorbing the costs of inflation, raising income and managing workforce costs.

### Part 3 Working with Welsh Government

Setting out realistic expectations of Welsh Government as our principle funder.

- limiting the annual reduction in Revenue Support Grant to 2.5% for 2016/17 and 2017/18
- removing charging caps and granting the Council the freedom to recover the costs of some services
- investing 25% or more of the new NHS funding passported to Wales by the UK Government in social care

For 2017/2018 the Council is continuing to progress service reform but is not proposing to reduce service levels beyond the levels already outlined publicly. The Council wants to continue to ensure essential and valued services remain available. This means to balance the books in the future we need to place more emphasis on our corporate financial stewardship and work with Welsh Government to achieve a fairer funding settlement for Flintshire.

To help us strengthen our position at a national level in debates about changes to funding we need to have a clear vision for what we want 'Our Flintshire' to be like in the future. This joint view from individuals, communities and public bodies will show that we have a positive approach and know what

we want to achieve. This in itself will give people confidence to invest and be part of Flintshire’s journey; we have been inviting our citizens, and partners, to get involved in ‘This is your Moment’ – an opportunity for us to work together to tackle these challenges and tough decisions. We are already working with people to find local solutions to provide services - local communities have a big opportunity to play their part and take on local facilities and services the County Council may no longer be able to provide.

- ✓ Flintshire is being recognised nationally as a Council which is being innovative in finding new solutions that are both cost efficient, resilient and are sustainable for the future.

Within this context we were pleased to recently receive our best ever annual improvement report from the Wales Audit Office (WAO) which reflects our commitment to remain a high performing organisation which gives us good foundations to continue to deliver our priorities in the face of further financial challenges.

**Moving forward, our priorities for 2017/18 are:**

- Revenue budgets are aligned and balanced, our income is maximised and pooled budgets are considered.

**(c) Our Partnership Working, Political and Corporate Leadership, Governance and Accountability**

The Council’s priorities in the Improvement Plan for 2016/17 continue to be based around a refined super structure of eight priorities, within which the Social Services priorities are based within the priority of “Living Well”.

Priority	Sub Priority	Impact
<b>Living Well</b>	Independent Living	Enabling more people to live independently and well at home
	Integrated community, social and health services	
	Safeguarding	Ensuring adults, young people and children are safeguarded
<b>Housing</b>	Appropriate and affordable homes	Improving choice and quality of local housing
	Modern efficient and adapted homes	
<b>Environment</b>	Transport infrastructure and services	Safely accessing employment, local services and facilities
	Sustainable development and environmental management	Environmental development which maximises social and economic benefits
<b>Poverty</b>	Maximising income	Protecting people from poverty
	Fuel poverty	
<b>Safe Communities</b>	Community safety	Keeping people and communities safe
<b>Skills and Learning</b>	Apprenticeships and training	Improving learning provision and opportunities to achieve better learner outcomes
	Modernised and high performing education	

<b>Economy and Enterprise</b>	Business sector growth	Creating jobs and growing the local economy
	Town and rural regeneration	
<b>Modern and Efficient Council</b>	Developing communities	Supporting Communities to become more resilient
	Improving resource management	Frontline services are efficiently and effectively supported

The Modern and Efficient Council priority sets out how the Council works collectively to support the front line services to be as efficient and effective as possible.

All priorities are set following a review of last year's priorities and considers new, emerging issues to address, from either national, regional or local levels. The Council's Improvement Plan clearly sets out why the priorities were chosen and the Council's leadership and scrutiny arrangements help to consider and set the priorities at the beginning of each new council year.

These priorities are monitored and challenged quarterly by the Council's Cabinet and Overview and Scrutiny committees to ensure that the activities, milestones and measures continue to be delivered in such a way as to contribute towards the desired impact. Risks are also monitored and assurance given by the Council's Audit Committee.

The Social Services responsibility to manage safeguarding processes has been significantly broadened as a corporate priority this year; working with and across all portfolios to assess training needs of workforce groups who can play their greatest part in having awareness raised and knowing what to do and how to refer. Additionally, individual's well-being has been promoted across the Chief Officer Team with dementia-friendly training to raise awareness within other services.

Following the requirements of the Social Services and Wellbeing Act, North Wales local authorities, the Local Health Board along with representatives of providers and individuals using services established a Regional Partnership Board to strategically ensure services and resources are used in the most effective and efficient way to improve outcomes for people living in North Wales. The Regional Partnership Board will ensure that all the partners work effectively together, have a shared vision and strategic plans and promote integration and pooled budgets. As the Regional Partnership Board is in its infancy its work plan and priorities are being finalised and the statutory annual report for the Welsh Government will both be available by the end of March 2017.

At a County level, we continue with a longstanding track record of partnership working. The Public Services Board, established in April 2016 continues with the good base set by the former Local Service Board. Work continues to develop and be delivered under the Social Services and health priority of "People enjoy good health, wellbeing and independence".

In Social Services we continue to strength our strategic partnerships and close working relationship with key partner agencies. Over the last year this has seen us work together to reduce delayed transfers of care, improve multiagency and multidisciplinary working, and improve preventive services across all service areas, amongst a range of other developments. We are hoping that the following year will see us secure a health resource within our Single Point of Access, and continue this strong relationship.

## Section 6 Accessing Further Information and Key Documents

### Social Care Legislation & Information

[The Social Services and Well-being \(Wales\) Act 2014](#)

[What matters to you - matters to us](#)

[The Regulations and Inspections \(Wales\) Act 2015](#)

[DEWIS Cymru](#)

[Code of Practice](#) in relation to measuring social services performance

[Care Council for Wales – Learning Hub](#)

### **Flintshire County Council's - Key Strategic Documents:**

[Improvement Plan](#)

[Annual Performance Report 2015/16](#)

[Medium Term Financial Plan](#)

Meeting the Financial Challenge in Flintshire – [This is our Moment](#)

### **Social Services - Key Documents:**

A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs – [North Wales Statement of Intent](#)

**As the links do not work within the report yet, the documents are attached  
as follow for information:**

# Mair

My need to remain as independent and as happy as possible.

To have regular contact with my friends and continue to meet with them like I did when I lived in the community.

To be treated as an individual and to be treated with respect.

I also like to be busy as this gives me the feeling of self-worth and maintains my dignity along with helping me to continue with an active life, so when I do return to the community, I am able to continue with an active life.

To be given privacy when required, or when my visitors are present.

My Christian faith is very important and my friends help me to continue with this.



Know that at times I feel low and support me through this, by giving me time to talk and express how I am feeling

That I have a very caring nature and help me to keep my faith as a Christian, I am also very sensitive and do require staff and people around me to be jolly and jovial.

I enjoy craft work as well as art and painting, I do require staff to prompt me to get me started and then I'm away and get lost in time.

That I like to be involved and enjoy helping lay the tables in the dining room, along with other jobs such as folding table cloths, collecting the used pots and cutlery along with the staff as I feel I'm helping and I enjoy the interaction with staff.

This gives me a good feeling and also helps to pass the day

## What people appreciate about me

Caring and kind
Generous
Helpful

## Social Services and Well-being (Wales) Act 2014 – One Day Courses

Flintshire, April 2016-January 2017

Role	Awareness	Introduction and General Functions	Assessing and Meeting individual needs	Looked After and Accommodated children	Safeguarding	Management and Leadership	Expert Classes
Strategic managers		10	10	5	10	10	6
Operational Managers		20	20	5	30	20	12
Social Workers		70	70	40	65		3
Social care Workers		60	40	5	40		
Support/IAA		50	20	5	20		
Health		5	2	2	2		
Voluntary		4	1	1	1		
Independent		4	1	1	1		
other		8	6	4	6		5



## **Children's Services and Workforce Management Structure**

### **Team Overview**

The following information provides a short overview of the operational children's Teams located with Children and Workforce structure. These Teams provide part of the overall range of services that support children and families across Social Services. This includes CIDS (Children's Integrated Disability Service), Family Information Service, the wider Early Years and Family Support service, and colleagues located within the Safeguarding Unit.

#### Children's First Contact

The Team manage referrals made to the service. They identify where targeted support may assist and where statutory services need to be involved. This includes working with the police to undertake child protection investigation needs.

#### Targeted Support

The Team is made up of a range of services that aim to provide support that builds the resilience of children and families. This includes support to families who have been on the child protection register, cases where there may be a level of domestic violence, mental health issues, substance misuse or where children are on the 'edge' of care. The Team can only work with families with their consent and co-operation.

#### Family Intervention Team (FIT)

The Team assess and support families with a child protection plan in line with the All Wales Child Protection Procedures. They also undertake additional assessments that are required in order to safeguard children and young people such as pre-birth risk assessments.

#### Permanence and Court Team (PACT)

The Permanence and Court Team support for children and young people who are looked after. They take forward legal proceedings through the court arena and support for children when they become 'looked after' and eventually leave care. Support for care leavers can be up to the age of 25.

#### Intensive Family Support Service (IFSS)

This is a sub-regional service with Wrexham which provides intensive support to families where there are mental health issues or substance misuse. The Team is made up a staff from Social Services and Health to provide a holistic package of support.

#### Fostering

This Team is a registered service provider with CSSIW. They recruit, train and support foster carers and undertake assessments for foster carers, including kinship care and Special Guardianship arrangements.

#### Business and Administration Support

The Team provide professional administration and business support to operational services. The Team provide back office functions and provide effective customer support dealing with phone enquiries from children, young people, families and other agencies.

## EXAMPLES OF 'YOU SAID, WE DID'

### Adult Social Services

#### **You said...**

We need a simple way of being able to contact different family members at different intervals if our loved ones are being supported by registered providers including being at work, home, away for the weekend or abroad on holiday.

#### **We did...**

We have started to introduce a new 'Family Contact Plan' with registered providers, which instructs staff which family member should be contacted on a particular day and time of day (including family holidays).

#### **You said...**

We need to be clear what to do if supporting an individual whilst out in the community and if an emergency situation arises and what we should do in terms of accompanying them into ambulances to hospital, whilst also ensuring those who need to know are quickly informed.

#### **We did...**

We reminded staff who either work alone or who work with others whilst supporting individuals of our expectations when an emergency arises, and when to use the Family Contact Plan.

#### **You said...**

We need a clear process for registered provider staff to follow if and when an individual they are supporting acts inappropriately towards them.

#### **We did...**

We will be introducing a clear protocol for registered providers to follow on behalf of their staff to ensure they are protected from such behaviour and that the necessary course of action is taken with such individuals.

#### **You said...**

Under the new Act, we need to be more consistent when reviewing applications from families to waive financial charges as part of financial hardship criteria.

#### **We did...**

We have introduced an additional layer of independent oversight at senior management level into our existing Waiver Panel process.

### Children's Social Services

#### **You said...**

We need to make sure parents fully understand what happens next following a conference or other meeting in situations where they are distressed and may not be fully taking in what is happening.

#### **We did...**

We reminded the Chairs of such meetings to record the meeting's outcomes, ensure the record is shared with the parent(s) after the meeting, and to record on PARIS, our business system, that the outcomes were shared and fully understood.

**You said...**

We should consider holding separate meetings between parents in situations where one parent does not engage effectively and removes themselves from the situation if the other parent is present.

**We did...**

We advised staff to actively consider inviting non-engaging parents to a separate meeting for input into their children's case. If the parent chooses not to, a record will be added to PARIS as evidence confirming their decision.

**You said...**

We need to be mindful of and reduce the frustration some families may experience when making initial contact with us for advice or assistance.

**We did...**

The new Children's First Contact Team has visited and observed other good practices of customer care including the Adults First Contact Team at Preswylfa and the Early Intervention Hub in Manchester. Closer links have also been forged with the Family Information Services and the Family Intervention Team.

**You said...**

We need to ensure that where families do not meet the learning disability eligibility criteria, that instead we refer them for Children's Social Services for appropriate advice and support.

**We did...**

We have reminded staff of the importance of making timely referrals and made further reference in our training about timeliness around the new single assessment process.

# Glossary

**Advocacy Service** - An advocacy service helps people, those who are most vulnerable in society, to access information and advice, be involved in decisions about their lives, explore choices and options, defend and promotion the individuals rights and speak out on their behalf. It is provided by an advocate who is independent of social services and the NHS, and who isn't part the individual's family or friends.

**Assessment** - A conversation about promoting independent living, or achieving a good level of development for a child, where personal outcomes, and the barriers to achieving outcomes are co-productively identified.

**Alternative Delivery Models** - New ways of working to provide services more efficiently which can be shared services, outsourcing, shared management arrangements, joint ventures and establishing social enterprises.

**Best Interest Assessment** – Is an assessment that will decide whether the deprivation of liberty is allowed to happen or not. The assessment considers whether the care proposed that restricts an individual's liberty is both appropriate and in their best interests.

**Care and Social Services Inspectorate Wales (CSSIW)** - The inspectorate that has the powers to review Local Authority social services at a local and national level, to inform the public whether services are up to standard, to promote improvement of services and to help safeguard the interests of vulnerable people who use services and their carers. They also provide professional advice to Welsh Ministers and policy makers.

**Care Council for Wales** - The social care workforce regulator in Wales responsible for promoting and securing high standards across the social services and social care workforce.

**Care Sector** – The care sector refers to the category of organisations that deliver health and social care services, such as domiciliary care, residential and nursing homes and supported living providers.

**“Creating a Place Called Home – Delivering What Matters”** – Is a programme of change that aims to deliver the very best experience we can imagine for an older person living in a care home in Flintshire. Using person-centred practices we want to better enable people to make choices and have more control over how they live their lives; and we believe that really knowing what matters to the person and what great support looks like is key in achieving quality of life.

**‘Cheshire West’** - This was a landmark judgement following an appeal by Cheshire West and Chester Council against a man with cerebral palsy and Down's syndrome who lacked capacity to make decisions about care and residence and was deprived of his liberty – in the cases of *P v Cheshire West and Chester Council* and *P&Q v Surrey County Council* – the previous judgements that had defined deprivation of liberty more restrictively was thrown out. This means that many people are likely to have been deprived of their liberty unlawfully and without safeguards in settings including care homes and supported living placements. This has resulted in significant hike in DoLS case numbers regarding care home placements, and also applications to the Court of Protection to authorise deprivations of liberty in supported living.

**Commissioning** - involves making decisions about what services are required to respond to need. It involves making decisions about the capacity, location, cost and quality of services, together with who will deliver them.

**Community Resource Team** – A Community Resource Teams (CRTs) is a joint health and social care team providing short term intermediate and reablement care which delivers better integrated care to people closer to their homes and in the community.

**Conference Buddy Scheme** - This is a scheme whereby independent workers will meet with children and young people and help them to give their views at a Child Protection Case Conference; the independent workers will support the child or young person when attending the conference and will explain anything they are unsure about.

**Collaboration** - where agencies pool resources (time, expertise and money) to work together to deliver and develop services.

**Coproduction** - Citizens, carers and families working with decision makers and service providers to create a decision or service that works for all parties.

**Corporate Parenting** - The Council has a duty to act as a good parent to children and young people in its care and those young people in the process of leaving care. The Council wants these children to have the best possible outcomes. Clear strategic and political leadership is crucial in ensuring that Looked After Children and the Corporate Parenting agenda is given the appropriate profile and priority.

**Delayed Transfer of Care (DToC)** - For most people, NHS treatment in a hospital setting will be sufficient to make them better and they will return home. However, some people will need to be transferred to other forms of care in the community. So the effective discharges of patients to the community requires well joined-up working, otherwise there can be delays in the transfer of care which creates many problems such as, lack of bed occupancy and frustrations for the individual and family. Both the NHS and Social Services report on the delayed transfers of care to the Welsh Government to monitor and promote better partnership working.

**Direct Payments** - Cash payments given to people who are eligible as a means of controlling their own care, allowing more choice and flexibility. They are regular monthly payments from Social Services enabling people to purchase their own care, instead of receiving help arranged by social services.

**Discharge to Assess** – Is a term used that describes individuals that are medically fit that no longer need to be in an acute hospital for treatment are then transferred to the community to be assessed for short term rehabilitation/ reablement or an assessment for longer-term care and support.

**Domiciliary Care** - Also known as home care, is whereby supportive personal care is provided to individuals within their own home.

**Elk** - An elk is an emergency lifting device designed to lift individuals from the floor in a safe and dignified manner.

**Enhanced Care** - forms part of the spectrum of intermediate community based services, but specifically provides care at the 'far end' of this spectrum for people who have medical and/or nursing needs who, without enhanced care, would otherwise be admitted to a hospital bed or would remain in hospital for a longer period of time . (This includes people admitted to an acute hospital bed and those who are admitted / transferred to a community hospital bed).

**Family Information Service** - A confidential and impartial information, advice and guidance service for families with children and young people aged between 0 and 19 years of age. The FIS work with public, private and voluntary sector organisations to ensure our customers know where and how to access information and support.

**Hoist** - A hoist is a device used for lifting or lowering individuals in a safe and dignified manner.

**Intermediate Care Fund** - The aim of the 2016-17 intermediate care fund (ICF) is to drive and enable integrated working between social services, health and housing and the third and independent sectors. The focus of the intermediate care fund in 2014-15 and 2015-16 has been on integrated working to help avoid unnecessary hospital admissions, or inappropriate admission to residential care, as well as preventing delayed discharges from hospital.

**Learning Hub** - The Care Council for Wales and its partners has developed a national online 'one stop shop' learning resource to support the full implementation of the Social Services and Well-being (Wales) Act. The overall aim of this Welsh Government-funded initiative is to ensure the workforce is supported and informed to deliver social services in accordance with Welsh law, and its interface with other relevant statutes, and to practice in-line with the principles of the Act.

**Locality** - A locality is a defined geographical area and there are three in Flintshire - North East (Deeside), North West (Flint and Holywell) and South (Buckley, Mold etc). The overall aim is to enable multi-agency staff from the locality to work in partnership as an integrated team to plan, deliver and monitor the best possible locality services for residents.

**Looked After Child (LAC)** - Looked after children are children and young people who are in public care and looked after by the state. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents.

**Mental Capacity Act Deprivation of Liberty Safeguards** – This is the legal framework that protects people living in care homes and hospitals, and now in a supported living setting in the community following the Cheshire West case, who are vulnerable because of a mental disorder and problems with their mental capacity. Under the Safeguards, people can only be deprived of their liberty when there is no other way to safely care for them and an assessment has been made of their best interests.

**National Outcomes Framework** - This Framework gives local authorities national direction for services that promote the well-being of people in Wales who need care and support, and carers who need support as well as providing greater transparency on whether care and support services are improving well-being outcomes for people using consistent and comparable National Outcome Standards and Performance Indicators.

**Neglect** - Neglect means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being (for example, an impairment of the person's health).

**One Page Profile** – A One Page Profile captures the essence of who the person is, what makes life good and what great support looks like from their perspective, as well as what others appreciate about them. Using the information captured on a one-page profile can assist us in delivering the best possible support for the individual, exactly the way that they want it.

**Outcomes** - The benefits, changes or other effects that result in an improvement in quality of life for a person from services provided. E.g. an improvement in physical functioning or maintaining a life skill leading to continued independence.

**PARIS** – PARIS is the business system that Flintshire Social Services to record information.

**Person-Centred** - is it about treating the person with dignity and respect, and seeing the person as an individual. By working in this way, we can make sure that people are truly listened to and are kept at the heart of all decision-making; how a service is commissioned, provided and organised.

**Personalisation** – is about giving the person choice and control over their care and their own life. It goes further than being person-centre as we not only see the person as an individual but we keep checking whether we are delivering what's important to them and how they want to be supported, because that's truly puts the person in control of your own life.

**Population Needs Assessment** - In order to support future planning of services, local authorities and Health Boards have a statutory requirement to identify the current and future care and support needs of the people living in areas as well as what people feel would help them to prevent care and support needs developing. The Population Needs Assessment will be undertaken every 3 years and Areas Plans will be developed to inform strategic planning and commissioning of services.

**Prevention** - The prevention approach enhances the person's well-being by preventing or minimising major problems of living. Providing information for people to self-manage alongside early intervention before problems escalate, monitoring and proportionate risk assessment means that problems are reduced and the need for ongoing longer term support is minimised.

**Progression** – is about promoting and embedding the independence of individuals through strength based assessment, clear development plans, positive risk taking and outcome based reviews.

**Progress for Providers** - Progress for Providers in Care Homes sets out clearly and transparently our expectations about the delivery of individualised care for Residential Care Providers in Flintshire. It supports Registered Managers and leaders within Care Homes with a range of person centred tools they can use to help staff teams to change the way they support people and engage with families and relatives as part of that process.

**QCF Assessors** - Qualifications and Credit Framework (QCF) assessors support and assess people working towards vocational qualifications and help them to meet the right standards.

**Reablement** - A short term assessment and intervention service which is person centred and outcome focused, and aims to maximise independence, choice and quality of life. Most people who now wish to access Social Care Services undergo this period of assessment and support to enable them to live as independently as possible, minimising the requirement for ongoing support.

**Regulations and Inspections (Wales) Act 2015** - The Act builds on the success of regulation in Wales and reflects the changing world of social care. It places service quality and improvement at the heart of the regulatory regime and strengthens protection for those who need it. Regulation will move beyond compliance with minimum standards, and focus more on the quality of services and the impact which they have on people receiving them.

**SERAF Tool** – Is the Sexual Exploitation Risk Assessment Framework that is a tool to consider the vulnerability factors and risk indicators for sexual exploitation. Since 2007 the SERAF Tool has become an integral part of Wales' safeguarding policies and procedures.

**Single Assessment** – The Welsh Government has set out its requirement for health and local authorities in Wales, working with their communities and third sector partners, to ensure that they have integrated well-being assessments, care and support planning and review arrangements which will support the wider agenda and be the catalyst to support the broader integration of care.

**Single Point of Access (SPOA)** - A new single point of contact for adults who wish to access advice, assessment and co-ordinated community health and social care services.

**Social Services and Well Being (Wales) Act** - The Act will set out the core legal framework for social services and social care, reinforcing people's rights to information and services and supporting the delivery of our services in an integrated way to ensure that social services and social care are sustainable.

**Supported Living** - Housing and support that is built around a person, allowing them to choose where they live, with whom and how they are supported.

**Team Around the Family** - Co-ordinates early support for families with multiple needs that are broader than one service can address. TAF seek to make best use of all local resources to ensure family and community strengths are harnessed and problems are prevented from escalating.

**Well-Being** - Reference to well-being in the Act means the well-being of an individual who needs care and support or carer who needs support. Well-being relates to the physical, intellectual, emotional, social and behavioural development of a child. It also relates to the control over day to day life and participation in work in adults.

**‘What Matters’ Conversation** - A conversation to establish ‘what matters’ to a person in terms of their well-being, what they wish to achieve and what strengths, capacity and capabilities they can draw on to enable them to overcome barriers. This conversation will be undertaken through the assessment process to identify personal outcomes.